

Parks and Recreation | 1155 28th St SW, Wyoming, MI 49509 616.530.3164 | Fax 616.249.3400 | wyomingmi.gov

PARTICIPANT WAIVER - ADULT	
Wyoming program: Adult Softball	
Manager's name:	Team name:
Participant's name:	Birthdate:
Participant's email:	
Participant's address:	-
 I acknowledge the following: Participation in athletic, fitness, and other City of Wyoming ("Identified above (the "Identified Activity") includes personal risks of in B. For example, the novel coronavirus, COVID-19, spread to beconsymptomatic carriers. The most diligent screening and other disease p Such efforts can only reduce the risk of exposure and spreading them. Wyoming cannot make City Parks and Recreation programs risk 	njury, property damage, and exposure to or contracting illness. me a worldwide pandemic that reportedly can be spread by revention efforts cannot prevent the spread of such contagions
minimize risks of participating in the Identified Activity. Along with programs will be a risk of contagion exposure or infection.	
D. Those participating in Wyoming Parks and Recreation programs d2. I promise:	o so at their own risk.
A. I will comply with all Wyoming ordinances, rules, regulations, and B. I will specifically comply with Wyoming's infectious disease-relat policies requiring use of personal protective equipment (such as cloth so to lower others' risks.	ed policies, including, for example, and without limitation any
3. I grant permission to Wyoming to use my picture or likeness or a advertisement or internet publication for Wyoming or its constituent of	
4. I voluntarily assume all risk of the Identified Activity and voluntarily and appointed officers and board members, employees, volunteers are statements of Wyoming and Wyoming's elected and appointed officers.	nd insurance carrier(s) due to the negligence, acts, omissions or
5. For myself, members of my family and others who may have a Wyoming and Wyoming's elected and appointed officers and boar harmless from any claims for personal injury, property damage, or illne or others that arise from the Identified Activity, even if due to the neg	rd members, employees, volunteers and insurance carrier(s) ess that may be suffered by the me, any of my family members ligence, acts, omissions or statements of due to the negligence

- acts, omissions or statements of Wyoming and Wyoming's elected and appointed officers and board members, employees, or volunteers.

 6. For myself, members of my family and others who may have a claim due to my participation in the Identified Activity or Facility Use, I promise not to sue Wyoming and Wyoming's elected and appointed officers and board members, employees, volunteers or insurance carrier(s) for personal injury, property damage, or illness that may be suffered by me, any of my family members, or others that arise from or during the Identified Activity, even if due to the negligence, acts, omissions or statements of due to the negligence,
- 7. I understand Wyoming is relying on and agree Wyoming may rely upon this Participant Waiver in allowing participation in the Identified Activity.

acts, omissions or statements of Wyoming and Wyoming's elected and appointed officers and board members, employees, or

I am signing this Participant Waiver freely without hesitation or coercion.

volunteers.

	Date signed:	, 2021
Participant's Signature		